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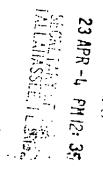
(Reque	stor's Name)	
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COVER LETTER

TO:	New Filing Sect Division of Cor					
SUBJE	CT: UNFORGE	TTABLE 10971, I				
		Namo	of Lim	ited Liabilit	y Company	
The end	closed Articles of (Organization an d fo	e(s) are	submitted t	or filing.	
Please	return all correspo	ndence concerning	this ma	tter to the fo	llowing:	
	Brigitte Bow	yer				
				Name of I	Person	
				Firm/Con	npany	
	2857 Chelsea	PL S		Addre	· · ·	
				Addic	55	
	Clearwater, I	lorida 33759				
	bridget@tamp	ahay rr com	Ci	ty/State and	Zip Code	
			e used	for future ar	nual report notificati	ion)
For furth	er information con	cerning this matter	, please	call:		
	Brigitte Bowy	er	_at (<u>_72</u>	7)	798-9322	
	Name	of Person	Ar	ea Code	Daytime Telephon	e Number
Enclose	ed is a check for th	e following amoun	t:			
	5.00 Filing Fee	■\$130.00 Filing Certificate of Sta	Fee &	Certifie	00 Filing Fee & d Copy copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New Fil Divisio P.O. Bo	ing Section of Corporations ox 6327		\ T 2	itreet Address lew Filing Section Di the Centre of Tallaha 415 N. Monroe Stree	issee et, Suite 810

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

UNFORGETTABLE 10971, LLC.	
(Must contain the words "Limited Lia	ibility Company, "L.L.C.," or "LLC.")
RTICLE II - Address: e mailing address and street address of the principal offi Principal Office Address:	ce of the Limited Liability Company is: Mailing Address:
e mailing address and street address of the principal offi	• • •

The name and the Florida street address of the registered agent are:

Brigitte Bowyer		
	Name	
2857 Chelsea PLS		
Florida street addres	ss (P.O. Box <u>NOT</u> ac	cceptable)
Clearwater	FL	33759
City	State	Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

"MGR" = Manager	Name and Address:
AMBR	Brigitte Bowyer 2857 Chelsea Pl S, Clearwater, FL 33759
	
 	
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the date	of filing: <u>April 10, 2023</u> (OPTIONAL) cific and cannot be more than five business days prior to or 90 days after
he date of filing.) Note: If the date inserted in this block does not m	neet the applicable statutory filing requirements, this date will not be listed as
he date of filing.)	
he date of filing.) Note: If the date inserted in this block does not me the document's effective date on the Department of	

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)